

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Triad Hunter, LLC

Owner or Operator Name

Division of Air Quality ID Number (If Available)

125 Putnam Street

Street Address

Marietta

Ohio

45750

City

State

ZIP Code

Jeff Brammer

jbrammer@triadhunter.com

740-374-2940

Facility Local Contact Name

E-Mail

Telephone Number

Jeff Brammer

11/25/13

Signature

Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

☒ Route flowback gas to a completion combustion device

☐ Use on-site as a fuel source;

☐ Reinject into the well or another well

☒ Route flowback gas to a salable gas pipeline

☐ Other _____

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits)	Planned date of the beginning of "Flowback"	Anticipated date of well completion
95-2040	Collins 1116	39.49524; -80.91831	12/2/13	11/15/13
95-2041	Collins 1117	39.49526; -80.91826	12/2/13	11/15/13
95-2042	Collins 1118	39.49520; -80.91839	12/2/13	11/14/13
95-2043	Collins 1119	39.49530; -80.91817	12/2/13	11/14/13
95-2036	Spencer 1115	39.50128; -80.90733	12/2/13	3/30/12

[Add rows to the table for additional wells, as necessary]